

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25495

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1499

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD TOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD TOWN</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>624 S. FILMORE AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>624 So. Filmore Ave</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ISABELLE</u>	b. (Middle) <u>Q</u>	c. (Last) <u>ALGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 23 '49</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>IN</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-17-1883</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES M CATLIN</u>	13b. MOTHER'S MAIDEN NAME <u>ROBERT ELLA FERGUSON</u>	14. NAME OF HUSBAND OR WIFE <u>CORBIN T ALGER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Corbin T. Alger</u>	ADDRESS <u>624 So. Filmore Kirkwood</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 years</u> <u>444x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		3830	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1 Feb., 1949, to 23 June, 1949, that I last saw the deceased alive on 22 June, 1949, and that death occurred at 7:44 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Barnett</u>	(Degree or title)	23b. ADDRESS <u>1243 W. Jefferson, Kirkwood</u>	23c. DATE SIGNED <u>6-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/24/49</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood TOWN Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-23-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dimpfe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mittelberg</u>	ADDRESS <u>Webster Groves Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O Yauke

Licensed Embalmer No. 13917

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.